

Frankwood E. Williams: Finding a Way in Mental Hygiene

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Frankwood E. Williams, MD, PhD(Hon), AB

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THE ENTRANCE OF THE

psychiatrist into the social field has been a very natural and logical one, growing out of what was originally an interest, even more, a responsibility that was distinctly his in the prevention of mental and nervous disease. When he started upon this quest, he had no preconceived notions in regard to social problems. He was more likely than not, not to be well informed about them and he had little or no suspicion that they concerned him in any way, except as a citizen. He assumed, as do most good citizens, that the jurist, the educator, the social worker, the parent, knew what they were doing and were doing it as well as could be expected of fallible human nature. He desired only to do his job as well as others were doing theirs. Innocent, therefore, of any design upon the professional prerogative of others, almost naïve as it would seem now, he undertook to investigate the possibilities of preventing nervous and mental disease. His interest was primarily medical, social merely in so far as mental and nervous disease itself constituted a major social problem.

That nervous and mental disease is a major social problem he was convinced. There are in the United States some 200 public hospitals for those ill of mental disease (insane). . . . There are admitted to these hospitals each year 70 000 new patients. . . . The question the psychiatrist had

to ask himself was: Where are the 70 000 people who by this time next year will have found each his bed in some hospital for mental diseases? . . . [S]omewhere within the United States were 700 000 persons going daily about their work, in the homes, in the schools, in the universities, in the offices and factories, all of whom were definitely ticketed for the state hospital for mental disease by the time ten years had passed. Where are these individuals now and how are they to be found, were the questions the psychiatrist put to himself. Knowing that, contrary to popular conception, mental disease seldom appears suddenly, but develops over a considerable period of time, he knew that many of these individuals must already be exhibiting signs and symptoms of their condition, and, their condition not being understood, must be meeting with serious difficulties in their social adjustments.

Thus stimulated, the psychiatrist began to look about a bit outside his hospital, first, on the search for individuals who might be on their way to him, and second, curious as to how many who might in a sense be said to belong to him as “patients” were now in the hands of others as “clients” or “prisoners.” . . . The data certainly indicate that the problem of delinquency is not to be solved by such simple-minded, naïve methods as “hard-boiled,” thundering justice, with its severe

penalties, on the one hand, or by confidence, love, and good will, on the other; that there may be a place for “punishment” in the solution of the problem and will always be a place for good will, but that both must be intelligent and know what they are about; that is not sufficient for a judge to be convinced merely of the guilt of an individual, but equally important for him to know—if through the treatment he is about to prescribe by his sentence, any benefit is to come—what kind of individual it is with whom he has to deal. . . . To be convinced that a man is a thief is not enough to warrant, even to the most learned judge, to prescribe what shall be done with the man in order that he may cease being a thief.

The entrance of the psychiatrist into the field of social investigation came at an opportune time. There was already stirring, in the field of education, social work, criminal jurisprudence, domestic relations, industry, the church, dissatisfaction with results and methods. The psychiatrist has since considerably augmented this dissatisfaction, but it existed before; and from the beginning, and increasingly so, the contribution that the psychiatrist might possibly make has been seen, and he has been urged to carry on his studies in these various fields and to give such assistance to other professional groups as he could. . . . As the psychiatrist left the institution, whether it was a hospital for

mental disease, a school for the feeble-minded, or a prison, the further he processed into the community, the more he began to see new material, to be challenged by problems he had never been called upon to face before, to be confronted by questions to which there were no ready-made answers. . . . He was no longer dealing with purely psychiatric problems, but with psychiatric problems inextricably mixed up with other problems.

The study of a cross section of the life of an individual at any given time does not reveal the reasons for his conduct or indicate how this conduct may be changed. . . . Only by a study of this entire history, of the various factors and forces that have entered in to make it up—a longitudinal study of the life of the individual, if you will—will give us the facts and clues that will aid us in understanding the conduct of the individual at the present moment and indicate the forces that may be brought into play to alter that conduct. . . . Aid at this point came from Austria. . . . As psychoanalysis, it made little headway but what did immeasurably affect psychiatry in the United States was the psychoanalytic point of view. . . . Tracing back the history of our cases as they came to the hospitals for mental disease, in the process of gathering data that might help us in the prevention of mental disease, we found, of course, that these illnesses rarely developed

suddenly, but that they had been developing over a long period of time, and reached into childhood, where in many instances the unhealthy development was sufficiently marked to have attracted the attention of a trained person had one been about. . . . What actually we had to deal with, whether it was in the field of functional nervous and mental disease, delinquency, dependency, industrial unrest, was social maladjustment, due to faulty emotional development, which had its roots in childhood.

We are substituting in the field of human behavior inductive for deductive methods. The bitterest battles in all history have been fought here and there will have been none more bitter than the one that eventually will be fought out in the field of human behavior. . . . One may observe bacteria, one may even dissect the once sacred human body, but one may not so irreverently question, study, dissect such things as character, personality, “mother love,” “hate of wickedness,” “desire to save others,” honesty, sense of duty, charity, “loving-kindness,” the will to do right, or the perverse will to do wrong. . . . These elements are already being scrutinized and will be as objectively studied as any bacterium or fossil bone.

Only as one sits in one’s comfortable armchair and “thinks,” can one be sure that one “understands” the problem of delinquency and can formulate a

Frankwood E. Williams (1883–1936)

FRANKWOOD E. WILLIAMS

was convinced that the new science of human nature would not only provide treatment methods for severe and persistent forms of mental illness but also intervention strategies for their prevention. During his association with the National Committee for Mental Hygiene from 1916 to 1931 (the last 9 years of which he served as medical director), Williams stimulated, guided, and oversaw the implementation of a wide range of preventive methods.

The National Committee was founded in 1909 by Clifford W. Beers, who had spent 3 years in mental hospitals, and Adolf Meyer, by then the foremost American psychiatrist. It aimed to increase the status of psychiatry, placing the discipline on a sound scientific footing by arranging funding for medical research and improving the care provided to individuals institutionalized in mental hospitals. At that time, there were no effective treatments for severe and persistent forms of mental illness. The Committee therefore embraced the ideal of prevention as the most effective measure to decrease the incidence of mental illness.

Williams had studied medicine at the University of Michigan in Ann Arbor and specialized in psychiatry at one of the first hospitals established for the scientific study of mental illness in the United States. His teacher, Albert M. Barrett, adhered to a strictly somatic approach within psychiatry, as did E.E. Southard, director of the Boston Psychopathic

Hospital, where Williams spent 2 years after the completion of his studies in 1913. Southard was also known for his interest in social issues such as alcoholism and criminality, issues that also became of interest to Williams.

During the first decade of operation, the psychiatrists associated with the National Committee conducted a number of surveys that demonstrated the social significance of mental illness. Williams participated in a survey of prisons in the county of New York that showed that a significant percentage of individuals confined in them suffered from mental illness.¹ Among recidivists, the number was even higher. To Williams, these findings indicated that judges and jail keepers were dealing with mental illness without any insight into its nature. These findings inspired the psychiatrists of the National Committee to develop clinics for the treatment of juvenile delinquents. With early intervention, it was thought, a life of crime could be prevented.

In the 1920s, mental hygienists became interested in childhood as the period during which preventive measures could most effectively be implemented. In 1925, Williams traveled to Vienna to undergo psychoanalysis with Otto Rank, who at that time was one of Sigmund Freud's closest disciples. According to Williams, Freud's psychoanalysis indicated that virtually all problems later in life were caused by difficulties in early childhood. To prevent these problems, intervention strategies that targeted early

childhood were needed. The National Committee oversaw the establishment of a dozen Child Guidance Clinics where parents confronted with troublesome children could ask for help. Williams actively promoted progressive education because he believed that only a complete transformation of the educational system could make it congruent with the demands of emotional development. He was also actively involved in the establishment of several college mental hygiene programs in the belief that college students, the future leaders of society, needed to be free of emotional problems.²

At the time Williams wrote "Finding a Way in Mental Hygiene," he had already announced his resignation from the National Committee and had come to doubt the effectiveness of its programs. He recognized that to realize the sometimes utopian ideals of the mental hygiene movement, only the complete reorganization of American society along the lines of the science of human nature would do. He began to spend most of his time conducting psychoanalytic psychotherapy, which he had come to see as the only effective way to change human nature.

In 1929, the stock market crashed, which was followed by a worldwide economic depression. For most mental hygienists, the consequences of the Depression were disconcerting and at times even alarming. Because of widespread economic insecurity, the incidences of depression, anxiety,

and suicide were at an all-time high. To counter this, they argued that structural instead of individualized measures were urgently needed. In 1931, Williams visited the Soviet Union and was astounded by what he witnessed in the carefully maintained villages designed for visitors from the West, where a life of plenitude, happiness, and mental health was enjoyed by all. Williams returned as a convert to the Soviet cause and championed its accomplishments during the remaining 5 years of his life.³ He had never been aware of the atrocities of Stalin's regime and died in the conviction that the ideals of the mental hygiene movement could be achieved through structural and political means only. ■

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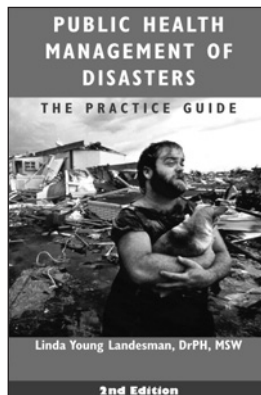
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simple plan for its control. As one stops "thinking," so to speak, and turns to examining with greater and greater care the delinquent material itself, the more one sees how inextricably mixed the problem is with life itself and all its forces, and, particularly, with the artificialities that man has built into life and into his social structure. . . . Delinquency . . . is but a single aspect of a larger problem having many aspects and we are concerned here with methods of meeting in so far as possible the total situation. A program can be stated that is simple in words, but that offers difficulties in its administration—psychiatric facilities, or facilities for the understanding and guidance of the emotional development of the child at all strategic points in life as the child and as an adolescent. These strategic points are the home and the school. In America the home can best be reached, in the largest number of cases, through the school. The school, therefore, becomes the natural center for such work, and by school one does not mean schools for children of any particular age, but all schools, beginning with the kindergarten . . . through the so-called grade schools, . . . the high school, . . . and work in the colleges and universities. Children, of course, reach the limits of their adjustability and begin to show signs of their distress and incipient failure at different ages. Our desire is to be prepared to meet these early situations as soon as they arise, in their yet simple form, and not to have to wait until serious disorganization or much badly directed organization has taken place, thus complicating the situation, before we are able to interfere.

All of this is good. But there is yet something else. Teaching this mother how better to manage her children, or this group of mothers, teaching this father how better to gain the confidence of his son, or this group of fathers, giving lectures and courses of instruction now to this and now to that group of teachers—all of these things that we have to do in our everyday work and all useful—will no more change the fundamental situation than will the remodeling of this law or the amending of that in the case of the law. Into all social relations and the forces that hold them together—ethics, morals, religion—must come the same process mentioned above and eventually the same recasting that will give them the reality they do not now have. ■

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